

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | IT | 69607 | 8/14/99 |
| O.I.P.E. CLASSIFIER | AT | 48 | 8/30/99 |
| FORMALITY REVIEW | AT | 69916 | 9-3-99 |

INDEX OF CLAIMS

Best Available Copy

✓ Rejected
 - Allowed
 (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | W/O | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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